



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE & INSURANCE  
DIVISION OF FIRE PREVENTION  
500 James Robertson Parkway  
Third Floor  
Nashville, TN 37243  
Phone (615) 741-2981 – Fax (615) 741-1583**

**BUILDING/FIRE CODE INSPECTOR COURSE SUBMITTAL FORM**

**Date:**

**NUMBER & TYPE OF CONTACT HOURS ASKED FOR:**

<b>FIRE</b>	<b>HRS:</b>	<b>BUILDING</b>	<b>HRS:</b>
	Elect.		Elect.

<b>COURSE #:</b>	<b>Hrs. Approved:</b>	<b>Approved By:</b>
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**COURSE TITLE :**

**DATES(S) OF COURSE(S):**

**LOCATION OF COURSE(S):**

<b>INSTRUCTOR'S NAME:</b>	<b>Sponsoring Agency:</b>
<b>PERSON(S) REQUESTING APPROVAL FOR CONTACT HOURS:</b>	
<b>ADDRESS:</b>	

<b>PHONE # (     )</b>	<b>FAX # (     )</b>
	<b>e-mail</b>

## COURSE OUTLINE BROKEN DOWN BY SUBJECT & TIME

(one sheet per topic/include breaks & lunch)

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**Make Copies As Needed For Courses.**

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## INSTRUCTOR'S INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Education:

\_\_\_\_\_

\_\_\_\_\_

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Work History:

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Teaching Experience (last 5 years):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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